						N OF H		STANI	DARD	CERT	_	003	F DEATH	000	. 图(33-	042	134	1_
DO NOT WRITE ON THIS STUB		AMEI	DED		Registra	tion District N	î 1 7 196:		imary Regi	istration Di	istrict No.	\mathbf{v}	Registrar's No.	770	L	JIAIE	TILE NOW	DEK	
ON THIS STUB						CE OF DEATH	1 1 (1305						2. USUAL RESIDEN	ICE (Where	leceased live	d. If ins	titution: R	esidence	before
VS 300	وا		1	1		OUNTY							a. STATE MA 6	souri ^{b.}	COUNTY			admiss.	ion)
Rev. 4/59	ğ						a corporate limits	, give TOW	NSHIP only	V) L	ength of stay	in 1b	c. CITY	SOULT		• • • •		Inside I	Limits
	AMENDED			lf	1	or St	Louis,	fo.			10yrs		OR TOWN	S	Louis.	3		Yes 🗆 🏋	No 📋
1	أسأ				c. f	ULL NAME OF	(If NOT in hosp	ital, give lo	cation)		Inside (d. STREET ADDRESS		(If cutside,	-	on)	Reside o	n Farm
2 22	34₹	1 1			!	NSTITUTION	City Ho	spita	1 #1	D.O.	A. Yes R	No 🗆		824	afayet	te		Yes 🗆	No 🗷
3	1/2			1		ME OF DECEA	SED	First		· Mic	ddle		Lost	4. DATE OF	Moi	nth	Day	Y	ear
			-				ANI	MA					TOMICH	DEATH	Octe	–		163	
"					5. SEX		6. COLOR			arried 🔲		ried 🔲	8. DATE OF BIRTH	1	ist birthday)	Months	R 1 YEAR Days	IF UNDE	ER 24 H <u>R</u> Min.
5 2		11			20a 1151	Female	ION (Give kind o				SINESS OR I		8-12-190		or conounty)	12 CIT	ZEN OF W	HAT CO	IINTOV
6	ای					ng most of w	orking life, even						1						V
7 ,	§				13a. FAT	HOUSEW!	rie .			136. MÓT	THER'S MAIDE	N NAM	Madison	14.	NAME OF I		J.S.A. OR WIFE		
	<u> </u>	1	Ì			Tonatz	Ciesinsl	ci.		Len	a Kauft	nan		ļ	-				
8 _ I	2 2	11				S DECEASED E	VER IN U.S. AR	MED FORCES			IAL SECURIT		17. INFORMANT		80	dirett	етие	d St	
9	الس	$\ \cdot \ $				no	(If yes, give wa						Joseph Sc	bolews	d Mad	lison.	. III 1 4 m	not s	-
10	¥	11		ż	18.	CAUSE OF DE PAR	ATH (Enter only T I. DEATH WA	one cause po S CAUSED B	er line Yr							-	ONS	RVAL BE	DEATH
	중 유	11	-	Š			IMMEDI	ATE CAUSE	(a)	Cereb	<u>ral her</u>	10rr	nage				7hx	' S .	
	2 2	1		Ö				- ' '	•				hamad am				ves		
120	≂ უ	11		۵		which	ditions, if any,) th gave rise to	DUE TO	(6)	ssen	CTRT III	VD9.	ension				708	13	
13	INST	Ш	_	↓ 		stati	re cause (8), } ng the under- g cause last.	DUE TO	(6)					33/	X		<u> </u>		
 :	z l				z		T IL OTHER SIE	GNIFICANT	CONDITIO	NS CONT	TRIBUTING TO	O DEAT	H but not related to	the termina	PART	III. If de		as fem	
			-		S		disease co	ndition giver	n in PART	l (a)					1	there ☐ Yes	a pregnanc	- , 	Unknows
	Ż				일		·	enty Plutci	IDE HOL	AICIDE	1 ook needs	DIRE HOL	W INJURY OCCURRED	(Enter natur	n of injury la	. —		1	
	AMENDMENTS				19.	WAS AUTOPS PERFORMED? YES NO	20a. ACCIDI	ENT SUICI]		1200. DESCR	CIDE IIO	W INSURT OCCURRED	(2					
z	¥		1	1	70c.		Hour Month,	Day, Year				_		:			•		
볼 않	◄	1 1		1	S		o.m.	<u>. </u>					ROF. CITY, TOWN, OF	L LOCATION		COUNT	Υ		STATE
K INK RIBBON				1	20d	INJURY OCC WHILE AT W NOT WHILE	URRED ORK [] AT WORK []	20e. PLAC	, factory, i	JRT (e.g., Itreet, offic	in or about h ce bldg., etc.)		201. CIII, 1041N, O	-	·				JIAIL
BLACK OR RITER F	READ				- -		e deceased from	5-15	-63		to		10-5-63	id last saw hi	r alive on	10-5-0	63	_	
4 2			1		21.	Death occurre	/ - /						e date stated above,					uses state	ıd.
USE BLACOR	SHOULD			P P	722	SIGNATURE		-	egree or f	itle)			22b. ADDRESS				<i>>∄</i> ⊺	22c. DAT	E SIGNE
_ ₹ _	띪			1		(1)10R	. 0 %	(1)	hal	un	Q M	أدرانا	16510-9	S. 12	the	7	/ *C C->	<u> 10–8</u>	
-	-	╁╼╂	+	AVIT	23a. BUI	RIAL, CREMAT	ON, 23b. DATE	<u> (</u>	23	c. NAME C	OF CEMETERY	OR CRE		23d. LOCATIO	DN (City, tav	n, or tou	nty) Z	(State	a)
	Š			AFFIDA	RE/	Remova.				Cal	Vary C	emet	ery	Madi	son Co	n	lingi	3	
	ITEM I				24. FUI	VERAL DIRECT		A	DDRESS		-	25. DA1	IE RECD. BY LOCAL R	1	SETRAR 1	IGNAURI	1	11.1	n
	IΞ	1 1		应		Taba T	Sadlask	Mad	di can	T114	nois	00	CT 8 <u>1963</u>	<u> </u>	Gard	MAN	<i>. עקו</i> ע	11.	<u> </u>

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

			Missouri			.,				
	St.Louis x			Oyrs	[St.Louis.Mo.			
x		yette	824 Lafe	City Hospital #1 D.O.A.						
	5 Lo63	otober) HOIM	ንፕ			ANNA	•	;	
		-	8-12-1908 55		x		bhite	Female	,	
	.3.1.	Ü	Medison, Illinois		eno	n		Housewife		
	annocd St.	- 805 Gre		Kaufman	Ensl		sinski	Ignatz Cie		
	Illinois		łoseph Sobolewski	ि तक्र	Unkno			on		
	7hrs	-		l hemorrhae Va tnamatata	LICENSED	EMBALMER			_	
	rears	I hereby	certify that the body who	al hrrerter. se name is reco		ie reverse s	ide of this o	م کر ertificate was en	balmed by me,	
	or b	:			-			ent Embalmer No		
		king under m	ny personal supervision.		(Let				
	Stude	ent	Signature of Student Embalmer		Signed		u	1	lack	
								mbalmer No. 5	747	
		30-5-€	-5-63				.P. O. Add		way fel	
εð	with 3-8-05.	the above of If embalm	ne above MUST BE SIGNET onstitutes grounds for revoc ned by a STUDENT, he also dy is not embalmed, fact sh	cation of license). shall sign in his	 OWN ha		is OWN HA	NDWRITING. (Fa	ilure to comply	
	ingis.	ញ ្ចុំ	Medison	ry Cemetery	Cc3.va	{	10-8-6	Removal	: -	

Madison, Illinois

John L.Sedlack